

STS-A

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MASSACHUSETTS DEPARTMENT OF REVENUE
ANNUAL SALES/USE TAX ON
SERVICES RETURN

FEDERAL ID NO.

DOR USE ONLY

FOR YEAR

IF NOT CORRECT, CHANGE HERE AND ON REVERSE

DO NOT ALTER

IF NOT
CORRECT
PLEASE
PRINT
CHANGES
HERE

Return is due with payment on or before the 20th day of the month following the month indicated above. Make check or money order payable to Commonwealth of Massachusetts **You should file this form even though no tax may be due. Mail to: Massachusetts Department of Revenue, PO Box 7015, Boston, MA 02204.**

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

SIGNATURE

TITLE

DATE

1. GROSS SALES OF
SERVICES2. SALES FOR RESALE/
EXEMPT SALES OR
OTHER ADJUSTMENTS3. TAXABLE SALES
(LINE 1 MINUS LINE 2;
NOT LESS THAN ZERO)

4. USE TAX PURCHASES

5. TOTAL TAXABLE AMOUNT
(ADD LINE 3 AND LINE 4)6. TOTAL TAXES
(LINE 5 x .0625)

7. PENALTY

8. INTEREST

9. TOTAL AMOUNT DUE
(ADD LINES 6, 7 AND 8)

IF THIS IS A FINAL RETURN, INDICATE REASON:

☐ BUSINESS DISCONTINUED ☐ CHANGE IN ORGANIZATION ☐ BUSINESS TRANSFERRED ☐ BUSINESS SOLD

☐ OTHER _____ LAST DATE OF BUSINESS _____

IF BUSINESS WAS SOLD OR ITS OWNERSHIP CHANGED, COMPLETE THE FOLLOWING:

NAME OF NEW OWNER _____

ADDRESS OF NEW OWNER _____

DATE OF TRANSFER _____

IF ANY OF THE FOLLOWING HAS CHANGED, ENTER NEW INFORMATION:

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

FEDERAL IDENTIFICATION NUMBER _____ DATE OF CHANGE _____



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